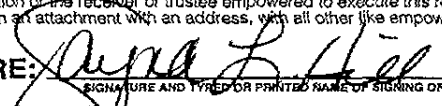


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # J81428 1. Entity Name TEPPER AVIATION, INC.			
Principal Place of Business FAIRCHILD ROAD CRESTVIEW, FL 32539 US		Mailing Address P.O. BOX 100 CRESTVIEW, FL 32536 US	
DO NOT WRITE IN THIS SPACE			
		04122004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2821261	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RICE, DALE E. 215 HWY 90 E. CRESTVIEW, FL 32536		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000113770 04/15/04-80021-021 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HILL, JAYNA L 606 REGATTA DR. NICEVILLE, FL 32578		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHANKLIN, CHARLES R 1763 OSPREY COVE NICEVILLE, FL 32578		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWEN, JACK 9TH STREET DEFUNIAK SPRINGS, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OWENS, BOBBY L 1047 TALLOKAS CRESTVIEW, FL 32536		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PETTY, GRACIE T 1020 ALDERWOOD WAY NICEVILLE, FL 32578		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the treasurer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Jayna L. Hill, Pres April 12, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	